

Fill in with typewriter or ink.
Be sure to complete all items
accurately.

PERSONAL HISTORY RECORD
DEPARTMENT OF CITY CIVIL SERVICE
1300 Perdido St. New Orleans, La. 70112
APPLICATION OFFICE - BWO4*MAIN OFFICE-7W03

SOCIAL SECURITY NUMBER

INSTRUCTIONS: When completed, this form should be filed with the Department of City Civil Service together with your Application for Examination (CS-13). It will NOT be necessary for you to submit another Personal History Record, regardless of the number of examinations you may take from time to time. When making application for future examinations, however, it will be necessary to file a Supplementary Data form (CS-2) with any information not previously included.

PLEASE PRINT

1. NAME	<i>Last</i>	<i>(First)</i>	<i>(middle/maiden)</i>	3. PHONE
2. ADDRESS	<i>(Number and Street)</i>			4. DATE OF BIRTH
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(month) (day) (year)</i>

FOR STATISTICAL PURPOSES ONLY

5. SEX	6. RACE	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other

7. Are you a U.S. citizen?

Yes _____ No _____

8. Are you a qualified voter of the City of New Orleans?

Yes _____ No _____

If "no", do you possess a current work visa?

Yes _____ No _____

9. Have you ever been convicted of any offenses other than minor traffic violations?

Yes _____ No _____

If "yes", offense(s) _____ conviction date(s) _____

10. EDUCATION AND TRAINING

Circle last grade completed	Name and Address of School	Last year attended	High School diploma or G.E.D. received?
1 2 3 4 5 6 7 8 9 10 11 12			Yes _____ No _____
Name of College or University		Location	Major: _____ Minor: _____ Degree: _____
Graduate School		Location	Highest year completed _____ Year attended From _____ To _____
Business, Trade, Other School		Program of Study	Semester Hours Credit _____ Year attended From _____ To _____
		Length of Program	% Completed _____ Year Completed _____

11. List any special job-related skills that you have acquired which are not covered above:

12. List any special licenses which you hold:

13. Do you possess a valid Louisiana driver's license? Yes _____ No _____ If "yes", what class? _____

14. AFTER HAVING READ and COMPLETED VETERAN PREFERENCE CLAIM form, do you claim Veteran's Preference?

(Veteran Preference Claim form available from Room BW04) Yes _____ No _____

If "yes", which of the following is basis of eligibility?

Honorably discharged veteran _____
Disabled veteran _____
Spouse of disabled veteran _____

Unremarried widow or widower of veteran _____
Unremarried widow, divorced, or separated parent of person who died or became totally disabled in active service _____

15. List any special accommodations you may need for testing (e.g. sign language, interpreting, etc.)

EMPLOYMENT RECORD. Beginning with your most recent employment, list below your work experience. Attach additional sheets if necessary. Be specific and complete. IF JOB CONSISTED OF MORE THAN ONE MAJOR RESPONSIBILITY, PLEASE INDICATE WHAT PERCENTAGE (%) OF TIME WAS SPENT ON EACH RESPONSIBILITY. IF JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED.

CURRENT OR MOST RECENT EMPLOYMENT

Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	Are you still employed?_____
May we contact the company?_____	

Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	

Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	

Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	

17. I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such, misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list and I may be disqualified from applying in the future for positions in the civil service of the City of New Orleans.

IMPORTANT: Check to see that you have completed each item accurately. Your examination grade may depend upon the information you have given.

Signature_____

Date_____